



**Department of  
Veterans Affairs**

**Office of Patient Care Services –  
Mental Health Services**

# **Fact Sheet**

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## **Specialized Mental Health Centers of Excellence**

Specialized mental health centers of excellence (MH CoE) are an essential component of VA's response to meeting the mental health needs of Veterans. Many Veterans experience mental health problems. The mental illnesses commonly experienced by Veterans include depression, posttraumatic stress disorder (PTSD), schizophrenia, anxiety disorders, and substance use disorders. Many Veterans with mental health problems meet criteria for more than one of these disorders and may also struggle with homelessness, suicidal behavior, and difficulties at work, school, and in relationships.

### **Establishing Mental Health Centers of Excellence**

The first MH CoE, the National Center for PTSD (NCPTSD), was created by Public Law 98-528 and opened in 1989. The NCPTSD was followed by the creation of Mental Illness Research, Education and Clinical Centers (MIRECCs) through Public Law 104-262; there are now 10 MIRECCs. In 2005, three other specialized Centers in Canandaigua, NY, San Diego, CA, and Waco, TX, were established through Public Law 109-305; these centers were created to address the mental health needs of Veterans returning from the wars in Iraq and Afghanistan. The Secretary of Veterans Affairs also established an additional MH CoE for the high priority area of the integration of mental health and primary care, the *Center for Integrated Healthcare*.

All of the MH COE share a singular mission: to improve the health and well being of Veterans through world class, cutting-edge science, education and clinical care. The Centers are designed to be incubators for new investigators, new clinicians, new treatments, new ways of educating staff and patients, and new ways of delivering care. The concept of the MH COE is unique in combining education, research, and clinical care into a single program with the effect of dramatically reducing the time from scientific discovery to implementation.

Multiple MH COE are needed because mental illness is not defined by a single disorder. It includes multiple complex conditions that differ in terms of cause, prevalence, symptom course, prognosis, and treatment. Accurately diagnosing and treating mental illness therefore requires comprehensive efforts focused on specific disorders and populations, rather than on mental illness in general. Each Center addresses a specific mental illness or illnesses across the spectrum of Veteran mental health. For example, the *VISN 5 MIRECC* focuses on maximizing recovery for Veterans with serious mental illness, and the *VISN 6 MIRECC* focuses on post-deployment mental health in returning Veterans. Without such focus and specialization, new psychological and biological treatments for Veterans are unlikely to be developed. The Centers also must specialize to better understand the context of health care services and to improve the technical nature of access to and delivery of services within VA because the needs of Veterans vary by diagnosis, type of problem and diversity of the Veteran population.

MH COE bring additional value. The MH COE not only leverage regional and local VA expertise but foster productive collaboration with clinical, research and educational experts from academic affiliates and other organizations, making it possible for a single site to conduct research and educational activities across the spectrum of basic and clinical domains that is necessary to fully address a given disorder. For example, the *VISN 2 Center of Excellence for Suicide Prevention* capitalized on a long existing program of research on suicide prevention at the nearby University of Rochester, allowing rapid implementation, enhancing feasibility, and helping to sustain the Center's activities. And the VISN 4 MIRECC brought basic science to the bedside with a study of the pharmacogenetics of naltrexone treatment response in alcohol dependence; this research endeavor is a direct partnership with the University of Pennsylvania.

### **Clinical, Research, and Educational Advances**

Research by the MH COE has had a profound effect on enhancing the understanding and treatment of mental illness in Veterans. For example, the NCPTSD-led VA Cooperative Study #494, the first randomized clinical trial of PTSD treatment for female Veterans and Servicemembers, demonstrated the effectiveness of Prolonged Exposure therapy. Based on the study's results, VA implemented a national training program for VA providers so that this treatment could be broadly disseminated to Veterans across the country.

Education and training are central to the mission of the MH COE as well. Educational efforts include national provider trainings, conferences, consultation, demonstration projects, creation and dissemination of clinical tools, and public awareness campaigns. MH CoE content experts work with other VA offices and community institutions to develop national, regional and local clinical trainings for mental health providers. For example, the MH COE are leading national rollouts of evidence-based treatments for depression, PTSD, and serious mental illness and have conducted national trainings on integrating mental health care into primary care settings and on suicide prevention.

The national MIRECC web site, [www.mirecc.va.gov](http://www.mirecc.va.gov), is a major source for access to MH CoE educational resources. The site receives almost 400,000 visits annually. The NCPTSD website, [www.ptsd.va.gov](http://www.ptsd.va.gov), which has over 1,000,000 visits annually, offers even more educational products for Veterans, professionals, and the general public, focused on PTSD. MH COE use these websites to disseminate information and numerous excellent educational tools for professionals, Veterans, families, and the general public to meet their unique needs.

### **Looking Toward the Future**

The MH COE are dedicated to training the next generation of clinical leaders and researchers in VA. With 25 training sites, The VA Advanced Fellowship in Mental Illness Research and Treatment is an integrated program across the MH COE that provides specialized postgraduate training in mental health. The primary goal of the fellowship program is to train MDs, psychologists and other allied health professionals to become leading clinical researchers in high priority areas of mental health. Over the course of the two-year program, fellows are trained in academic and health systems research, advanced clinical care service delivery, and program administration in an interdisciplinary setting. The fellowship combines individual mentored research and clinical training with state-of-the-art educational experiences.

In summary, accurately diagnosing and treating mental illness requires comprehensive efforts focused on specific disorders and populations. Specialized Centers of Excellence create environments that stimulate innovation and accomplishment. The concentrated expertise at each center informs and strengthens clinical care, research, and education essential to improving Veteran mental health.

## **VA Mental Health Centers of Excellence**

**VISN 1 MIRECC**, West Haven, CT, Mehmet Sofuoglu –Improve care for Veterans with co-occurring substance use disorders and mental illnesses as well as related issues such as VA-compensated disabilities, homelessness, criminal justice histories, and medical comorbidities.

**VISN 2 Center for Suicide Prevention**, Canandaigua, NY, Kenneth Connor–Integrate surveillance with intervention development through research for implementation of effective Veteran suicide prevention strategies.

**VISN 2 Center for Integrated Healthcare**, Syracuse, NY, Stephen Maisto – Improve care by integrating behavioral health services into the primary care setting.

**VISN 3 MIRECC**, Bronx, NY, Larry Siever – Enhance the recovery of Veterans with the diagnoses of schizophrenia, Bipolar Disorder and Borderline Personality

**VISN 4 MIRECC**, Philadelphia, PA, David Oslin – Advance care for Veterans with concurrent physical, mental, and/or substance use disorders.

**VISN 5 MIRECC**, Baltimore, MD, Richard Goldberg--Maximize recovery and community functioning of Veterans with schizophrenia and other related disorders.

**VISN 6 MIRECC**, Durham, NC, John Fairbank – Implement a translational medicine center for assessment and treatment of post-deployment mental illness.

**VISN 16 MIRECC**, Houston, TX, Mark Kunik (Acting)– Promote equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans.

**VISN 17 Center for Research on Returning War Veterans**, Waco, TX, Jennifer J. Runnals (Acting)– Promote research on post-deployment adjustment and development of treatments for Veterans with post-war problems in functioning.

**VISN 19 MIRECC**, Denver, CO, Lisa Brenner –Reduce suicidal ideation and behaviors among Veterans by focusing on promising clinical interventions. This work is advanced through research aimed at identifying the cognitive and neurobiological underpinnings of self-directed violence.

**VISN 20 MIRECC**, Seattle, WA, Murray Raskind – Improve the quality of life and functioning of Veterans by developing, evaluating and promoting the implementation of effective treatments for military PTSD and its complex co-morbidities.

**VISN 21 MIRECC**, Palo Alto, CA, Jerome Yesavage -- Build an integrated system of clinical, research and educational efforts designed to improve the clinical care of Veterans with dementia and with PTSD.

**VISN 22 MIRECC**, Los Angeles, CA, Steve Marder – Improve functional outcomes of Veterans with psychotic disorders.

**VISN 22 Center for Stress and Mental Health**, San Diego, CA, James Lohr –Investigate stress and its related medical and psychiatric problems in Veterans and active duty personnel.

**National Center for PTSD**, White River Junction, VT, Matthew Friedman -- Advance the science and promote the understanding of traumatic stress as to improve the well-being and understanding of American Veterans.

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